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U.S. Bank Plaza

612.746.3006 fax

One Security Centre Suite 400

3490 Pledmont Road

404.949.5730 phone 612.746.3006 fax

Atlanta, GA 30305

220 South Sixth Street Minneapolls, MN 55402 612.746.3005 phone

Suite 2000

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ATTORNEYS AT LAW

Peter S. Dardi, Ph.D. Curtis B. Herbert, Ph.D.

#### FACSIMILE COVER SHEET

TOTAL NUMBER OF PAGES BEING SENT: 5

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DATE:

November 2, 2006

TO:

**Examiner Kevin Kruer** 

Group Art Unit 1773

PHONE #:

571-272-1510

FAX #:

571-273-8300

Application No.:

10/790,338

Applicant:

Luthra et al.

OUR REF.: 2177.16US02

FROM:

Curtis B. Herbert, Ph.D.

PHONE #:

612.605-1038

Attached is the following for filing in the above-identified application.

(1) Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address: and

Ccrtificate Under 37 C.F.R. § 3.73(b). **(2)** 

Respectfully submitted.

Cuitis B. Herbert, Ph.D., Esq.

Registration No. 45,443

## CERTIFICATE OF FACSIMILE TRANSMISSION

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NOV 0 2 2006

#### PATENT APPLICATION

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Attorney Docket No.: 2177.16US02

LUTHRA et al.

Confirmation No. 9411

Application No.:

10/790,338

Examiner: Kevin R. Kruer

Filod:

March 1, 2004

Group Art Unit: 1773

POLYMERIC NETWORK SYSTEM FOR MEDICAL DEVICES AND METHODS OF For:

USE

# REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

I hereby appoint the practitioners associated with Customer Number 62274 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith,

Address all telephone calls to: Curtis B. Herbert at telephone number (612) 605-1038.

Address all correspondence to:

Customer Number 62274 Derdi & Associates, PLLC US Bank Plaza, Suite 2000 220 South 6th Street Mirmeapolis, Minnesota 55402

Please gram any extension of time necessary for entry, charge any fee due to Deposit Account No. 50-3863.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby cardly that this paper is being transmitted by facaturals to the U.S. Patent and Trademark Office, Fax No. 571-273-8300 on the date shown below.

November 2, 2006

Optio B. Herbert

Application No. 10/790,338

Additionally, please charge any future fees to Deposit Account No. 50-3863.

All previous powers of attorney granted in this case are hereby revoked.

Biointeractions, Ltd., Assignee

| Date: 1st Nov 2006 | Alutura               |   |  |  |  |
|--------------------|-----------------------|---|--|--|--|
|                    | Signature             |   |  |  |  |
|                    | DRAFAY LUTARA         |   |  |  |  |
|                    | Name Printed or Typed | _ |  |  |  |
|                    | MANAGING DIRECTOR     |   |  |  |  |
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**NOV 0 2** 2006

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March 1, 2004

Group Art Unit: 1773

POLYMERIC NETWORK SYSTEM FOR MEDICAL DEVICES AND METHODS OF For:

# CERTIFICATE UNDER 37 C.F.R. § 3.73(b)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sìr:

Biointeractions, Ltd., a corporation, states that it is the assignee of the entire right, title and interest in the patent application identified above by virtue of either:

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